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40399/119/NIHD/

## NOTICE OF APPEAL FROM THE PRIMARY EXAMINER OF APPEALS AND INTERFE

TO THE BOARD OF APPEALS AND INTERFERENCES

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In re the Patent Application of MATSUI, et al.

Serial No. 07/915,884

Group Art Unit: 1807

Filed: July 20, 1992

Examiner: Marschel, A

FOr: TYPE α PLATELET-DERIVED GROWTH FACTOR RECEPTOR GENE

Commissioner of Patents and Trademarks Washington, D.C. 20231

sir:

Applicant hereby appeals to the Board of Appeals from the decision of the final rejection dated <u>June 13, 1994</u>, of the Primary Examiner finally rejecting Claims <u>1, 4-6 and 20</u>.

The item(s) checked below are appropriate:

- 1. X A Petition for Extension of Time to respond to the final rejection for the second month's extension is submitted herewith.
- 2. X Notice of Appeal Fee \$280.00

X Enclosed

- \_\_ Not required (Fee paid in prior appeal)
- Charge to Deposit Account No. 19-0741
  (One additional copy of this Notice enclosed herewith)
- 3. X A check in the total amount of \$540.00 is enclosed for the \$260.00 required 2-month Extension of Time fee (if applicable) and the \$280.00 Notice of Appeal fee. The Commissioner is hereby authorized to charge any deficiency or credit any overpayment to Deposit Account No. 19-0741.

Signature (Rule 191(b))....

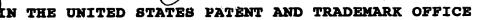
Patricia D. Granados Registration No. 33,683

Post Office Address (to which correspondence is to be sent).

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Date: November 14, 1994

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Attorney Docket No. 40399/11

e patent application of 551 8 7 NON

Group Art Unit:

Serial No. 07/915,884

Marschel, A Examiner:

1807

Filed: July 20, 1992

TYPE  $\alpha$  PLATELET-DERIVED GROWTH FACTOR RECEPTOR GENE

## PETITION FOR EXTENSION OF TIME UNDER 37 C.F.R. \$ 1.136

Commissioner of Patents and Trademarks Washington, D.C. 20231

sir:

It is respectfully requested that an extension of time for the period indicated below be granted in accordance with the provisions of 37 C.F.R. § 1.136 to take the action required in the application identified in caption, as reflected by the papers submitted herewith.

	First Month	\$110	(\$ 55)*
<u>X</u>	Second Month	\$260	(\$130)*
	Third Month	\$500	(\$250)*
	Fourth Month	\$490	(\$245)*

\*(Small Entity) TOTAL FEE:

\$260.00

A check in the amount of the above Total Fee is attached. This amount is believed to be correct; however, the Commissioner is hereby authorized to charge any deficiency or credit any overpayment to Deposit Account No. 19-0741. If one or more (additional) extension(s) of time is/are required for the filing of this paper, such extension(s) is/are hereby expressly petitioned for and the Commissioner is authorized to charge the required fee to Deposit Account No. 19-0741.

Respectfully submitted,

Patricia D. Granados

Req. No. 33,683

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